

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**2-AMINO-BENZOXAZINONES FOR THE
TREATMENT OF VIRAL INFECTIONS**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on MAY 24, 1995 as Application Serial No. 08/448,795 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status)
--------------------------	---------------	----------

(Application Serial No.)	(Filing date)	(Status)
--------------------------	---------------	----------

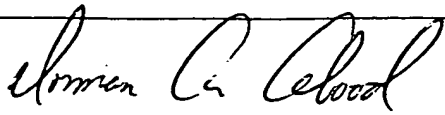
POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: DENNIS A. BENNETT, Registration No. 34,547; JOSEPH W. BULOCK, Registration No. 37,103; GEORGE R. BECK, Registration No. 21,180; JON H. BEUSEN, Registration No. 30,610; J. TIMOTHY KEANE, Registration No. 27,808; CYNTHIA S. KOVACEVIC, Registration No. 35,578; GARY M BOND, Registration No. 29,283; GRACE L. BONNER, Registration No. 32,963; JAMES C. FORBES, Registration No. 39,457; ROGER A. WILLIAMS, Registration No. 27679; DENNIS R. HOERNER, Registration No. 30,914; LARRY M. LAVIN, Registration No. 30,768; THOMAS P. MCBRIDE, Registration No. 32,706; MICHAEL J. ROTH, Registration No. 29,342; RICHARD H. SHEAR, Registration No. 26,583; BRIAN L. STIERWALT, Registration No. 33,213; ALAN SCRIVNER, Registration No. 43,104; S. CHRISTOPHER BAUER, Registration No. 42,307; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to JOSEPH W. BULOCK at 314-694-9094 and address all correspondence to:

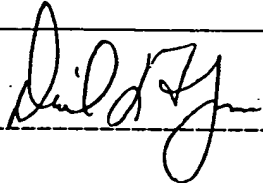
G. D. Searle & Co.
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889
ATTENTION:JOSEPH W. BULOCK

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

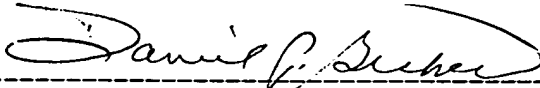
1)

FULL NAME OF INVENTOR	LAST NAME ABOOD	FIRST NAME NORMAN	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY MORTON GROVE	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 7516 ARCADIA ST.,	CITY MORTON GROVE	STATE OR COUNTRY IL	ZIP CODE 60053
SIGNATURE OF INVENTOR 1			DATE 4/25/98	


2)

FULL NAME OF INVENTOR	LAST NAME FLYNN	FIRST NAME DANIEL	MIDDLE NAME L.
RESIDENCE & CITIZENSHIP	CITY MUNDELEIN	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 17 N. BRISTOL COURT	CITY MUNDELEIN	STATE OR COUNTRY IL ZIPCODE 60060
SIGNATURE OF INVENTOR 2			DATE 3-31-98

3)

FULL NAME OF INVENTOR	LAST NAME BECKER	FIRST NAME DANIEL	MIDDLE NAME P.
RESIDENCE & CITIZENSHIP	CITY GLENVIEW	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1800 MAPLEWOOD LANE, GLENVIEW,	CITY GLENVIEW,	STATE OR COUNTRY IL ZIPCODE 60025
SIGNATURE OF INVENTOR 3			DATE 3/17/98

4)

FULL NAME OF INVENTOR	LAST NAME BAX	FIRST NAME BRIAN	MIDDLE NAME M.
RESIDENCE & CITIZENSHIP	CITY ST CHARLES Irving	STATE OR FOREIGN COUNTRY IL CA	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5 N 306 PADLOCK LANE, 6461 Adobe Circle RS	CITY ST CHARLES Irving	STATE OR COUNTRY IL CA ZIPCODE 60175 92612
SIGNATURE OF INVENTOR 4			DATE 4/16/98

5)

FULL NAME OF INVENTOR	LAST NAME LI	FIRST NAME HUI	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY SKOKIE- VERNON HILLS	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5020 CHURCH ST. APT. F, 322 JEFFERSON CT	CITY SKOKIE VERNON HILLS	STATE OR COUNTRY IL IL
SIGNATURE OF INVENTOR 5		DATE	ZIPCODE 60077- 60061

Shu Li 03/16/98

6)

FULL NAME OF INVENTOR	LAST NAME NOSAL	FIRST NAME ROGER	MIDDLE NAME A.
RESIDENCE & CITIZENSHIP	CITY BUFFALO GROVE	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 667 ASPEN DR.	CITY BUFFALO GROVE	STATE OR COUNTRY IL
SIGNATURE OF INVENTOR 6		DATE	ZIPCODE 60089


Roger A. Nosal 3-18-98

7)

FULL NAME OF INVENTOR	LAST NAME SCHRETZMAN	FIRST NAME LORI	MIDDLE NAME A.
RESIDENCE & CITIZENSHIP	CITY GURNEE	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 5820 HANCOCK LANE	CITY GURNEE	STATE OR COUNTRY IL
SIGNATURE OF INVENTOR 5		DATE	ZIPCODE 60031

Lori A. Schretzman 3/16/98

8)

FULL NAME OF INVENTOR	LASTNAME VILLAMIL	FIRST NAME CLARA	MIDDLE NAME I.	
RESIDENCE & CITIZENSHIP	CITY GLENVIEW	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 813 LONG ROAD	CITY GLENVIEW	STATE OR COUNTRY IL	ZIPCODE 60025
SIGNATURE OF INVENTOR 6			DATE 3/15/98	